



Norfolk County Council

Norfolk Health Overview and Scrutiny Committee

Date: **Thursday 8th September 2022**
Time: **10.00am**
Venue: **Council Chamber, County Hall, Martineau Lane, Norwich**

SUPPLEMENTARY AGENDA

Persons attending the meeting are requested to turn off mobile phones.

Members of the public or interested parties may, at the discretion of the Chair, speak for up to five minutes on a matter relating to the following agenda. A speaker will need to give written notice of their wish to speak to Committee Officer, Jonathan Hall (contact details below) by **no later than 5.00pm on Monday 5th September 2022**. Speaking will be for the purpose of providing the committee with additional information or a different perspective on an item on the agenda, not for the purposes of seeking information from NHS or other organisations that should more properly be pursued through other channels. Relevant NHS or other organisations represented at the meeting will be given an opportunity to respond but will be under no obligation to do so.

Membership

MAIN MEMBER	SUBSTITUTE MEMBER	REPRESENTING
Cllr Daniel Candon	<i>Vacancy</i>	Great Yarmouth Borough Council
Cllr Penny Carpenter	Cllr Carl Annison / Cllr Michael Dalby / Cllr Chris Dawson / Cllr Lana Hemsall / Cllr Jane James	Norfolk County Council
Cllr Barry Duffin	Cllr Carl Annison / Cllr Michael Dalby / Cllr Chris Dawson / Cllr Lana Hemsall / Cllr Jane James	Norfolk County Council
Cllr Brenda Jones Cllr Alexandra Kemp	Cllr Emma Corlett Cllr Michael de Whalley	Norfolk County Council Borough Council of King's Lynn and West Norfolk
Cllr Julian Kirk	Cllr Carl Annison / Cllr Michael Dalby / Cllr Chris Dawson / Cllr Lana Hemsall / Cllr Jane James	Norfolk County Council
Cllr Robert Kybird Cllr Nigel Legg	Cllr Fabian Eagle Cllr David Bills	Breckland District Council South Norfolk District Council

Cllr Julie Brociek-Coulton	Cllr Ian Stutely	Norwich City Council
Cllr Richard Price	Cllr Carl Annison / Cllr Michael Dalby / Cllr Chris Dawson / Cllr Lana Hemsall / Cllr Jane James	Norfolk County Council
Cllr Sue Prutton	Cllr Peter Bulman	Broadland District Council
Cllr Robert Savage	Cllr Carl Annison / Cllr Michael Dalby / Cllr Chris Dawson / Cllr Lana Hemsall / Cllr Jane James	Norfolk County Council
Cllr Lucy Shires	Cllr Robert Colwell	Norfolk County Council
Cllr Emma Spagnola	Cllr Victoria Holliday	North Norfolk District Council
Cllr Alison Thomas	Cllr Carl Annison / Cllr Michael Dalby / Cllr Chris Dawson / Cllr Lana Hemsall / Cllr Jane James	Norfolk County Council
CO-OPTED MEMBER (non voting)	CO-OPTED SUBSTITUTE MEMBER (non voting)	REPRESENTING
Cllr Edward Back	Cllr Colin Hedgley / Cllr Jessica Fleming	Suffolk Health Scrutiny Committee
Cllr Keith Robinson	Cllr Jessica Fleming	Suffolk Health Scrutiny Committee

For further details and general enquiries about this Agenda please contact the Committee Officer:

Jonathan Hall on 01603 223053
or email committees@norfolk.gov.uk

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The Government has removed all COVID 19 restrictions and moved towards living with COVID-19, just as we live with other respiratory infections. However, to ensure that the meeting is safe we are asking everyone attending to practise good public health and safety behaviours (practising good hand and respiratory hygiene, including wearing face coverings in busy areas at times of high prevalence) and to stay at home when they need to (if they have tested positive for COVID 19; if they have symptoms of a respiratory infection; if they are a close contact of a positive COVID 19 case). This will help make the event safe for all those attending and limit the transmission of respiratory infections including COVID-19.

Supplementary A g e n d a

1. 11:10 – Examination of the NSFT improvement plan
11:55 following the Care Quality Commission
inspection from November – December 2021

Pages (A4)

Tom McCabe
Head of Paid Service

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Date Agenda Published: 1 September 2022



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Norfolk and Suffolk NHS Foundation Trust

Suggested approach from Liz Chandler, Scrutiny and Research Officer

Examination of the NSFT improvement plan following the Care Quality Commission's (CQC) inspection from November – December 2021 (report published April 2022).

1.0 Purpose of today's meeting

- 1.1 To examine NSFT's improvement plan following the latest CQC inspection. NSFT's report 'Working together for better mental health – approach to improvement for mental health services in Norfolk and Suffolk' is attached at **Appendix A**.
- 1.2 Representatives from NSFT and will attend the meeting to answer NHOSC's questions about NSFT's action to improve the provision of services.

2.0 Background

- 2.1 The CQC carried out an inspection of NSFT from 2 November – 29 December 2021 and published its report on 28 April 2022. The full inspection report can be found via this link: [CQC Inspection Report – NSFT – 2022](#).
- 2.2 During this inspection, the CQC found that the Trust had deteriorated since the last full inspection in November – December 2019 and downgraded its overall rating from 'requires improvement' to inadequate. Within this overall rating, ratings were broken down as follows:
- Are services safe? – Inadequate
 - Are services effective? – Inadequate
 - Are services caring? – Good
 - Are services responsive? – Requires Improvement
 - Are services well-led? – Inadequate
- 2.3 The table below shows the ratings of services within the Trust and whether their position had improved, deteriorated or stayed the same since the previous inspection of each service. Latest inspection dates are included in the table.

Key to tables					
Ratings	Not rated	Inadequate	Requires improvement	Good	Outstanding
Rating change since last inspection	Same	Up one rating	Up two ratings	Down one rating	Down two ratings
Symbol *	↔	↑	↑↑	↓	↓↓

Month Year = Date last rating published

* Where there is no symbol showing how a rating has changed, it means either that:

- we have not inspected this aspect of the service before or
- we have not inspected it this time or
- changes to how we inspect make comparisons with a previous inspection unreliable.

Rating for mental health services

	Safe	Effective	Caring	Responsive	Well-led	Overall
Wards for older people with mental health problems	Requires Improvement ↓ Apr 2022	Requires Improvement ↓ Apr 2022	Good ↔ Apr 2022	Requires Improvement ↓ Apr 2022	Requires Improvement ↓ Apr 2022	Requires Improvement ↓ Apr 2022
Forensic inpatient or secure wards	Requires Improvement Nov 2018	Good Nov 2018	Good Nov 2018	Good Nov 2018	Good Nov 2018	Good Nov 2018
Child and adolescent mental health wards	Inadequate ↓↓ Apr 2022	Inadequate ↓↓↓ Apr 2022	Requires Improvement ↓↓ Apr 2022	Good ↓ Apr 2022	Requires Improvement ↓↓ Apr 2022	Inadequate ↓↓↓ Apr 2022
Long stay or rehabilitation mental health wards for working age adults	Inadequate ↓ Apr 2022	Requires Improvement ↓ Apr 2022	Good ↔ Apr 2022	Good ↔ Apr 2022	Requires Improvement ↔ Apr 2022	Requires Improvement ↔ Apr 2022
Community mental health services for people with a learning disability or autism	Good Jan 2020	Good Jan 2020	Good Jan 2020	Requires Improvement Jan 2020	Good Jan 2020	Good Jan 2020
Community-based mental health services of adults of working age	Requires Improvement ↔ Apr 2022	Inadequate ↓ Apr 2022	Good ↔ Apr 2022	Inadequate ↓↓ Apr 2022	Inadequate ↓ Apr 2022	Inadequate ↓ Apr 2022
Wards for people with a learning disability or autism	Good ↑↑ Apr 2022	Good ↔ Apr 2022	Good ↔ Apr 2022	Good ↑ Apr 2022	Good ↔ Apr 2022	Good ↑ Apr 2022
Community-based mental health services for older people	Good Jan 2020	Good Jan 2020	Good Jan 2020	Good Jan 2020	Good Jan 2020	Good Jan 2020
Specialist community mental health services for children and young people	Requires Improvement ↔ Apr 2022	Requires Improvement ↔ Apr 2022	Good ↑ Apr 2022	Requires Improvement ↑ Apr 2022	Requires Improvement ↑ Apr 2022	Requires Improvement ↑ Apr 2022
Mental health crisis services and health-based places of safety	Inadequate ↓ Apr 2022	Requires Improvement ↓ Apr 2022	Good ↔ Apr 2022	Requires Improvement ↔ Apr 2022	Requires Improvement ↔ Apr 2022	Requires Improvement ↔ Apr 2022
Acute wards for adults of working age and psychiatric intensive care units	Inadequate ↓ Apr 2022	Inadequate ↓ Apr 2022	Requires Improvement ↓ Apr 2022	Requires Improvement ↓ Apr 2022	Inadequate ↓ Apr 2022	Inadequate ↓ Apr 2022

Overall ratings for mental health services are from combining ratings for services. Our decisions on overall ratings take into account the relative size of services. We use our professional judgement to reach fair and balanced ratings.

- 2.4 The Trust was required to take action to bring services into line with 109 legal requirements relating to the seven core services inspected.
- 2.5 On the 5 November 2021, the CQC served the NSFT with a letter of intent under Section 31 of the Health and Social Care Act 2008 telling the provider it had identified areas of significant concern during the inspection and to warn them of possible urgent enforcement action. NSFT's response, including its decision to close two wards to admissions as well as continuing with the closure to admissions of a third ward already in place prior to inspection, provided enough assurance it had acted to address the urgent and immediate concerns and therefore the CQC did not take forward urgent enforcement action.
- 2.6 On 24 December 2021 the CQC issued a Section 29A Warning Notice relating to five registered locations: Trust Headquarters, Julian Hospital, St Clements Hospital, Northgate Hospital, Carlton Court. The Warning Notice set out a legally set timescale for the provider to become compliant. A further inspection will be carried out to ensure action has been taken to comply with the Warning Notice.
- 2.7 The CQC's overall findings included the following areas of concern:
- Inconsistent levels of staff in general and of suitably qualified staff.
 - Ineffective medicine management.
 - Staff were unaware of ligature risk assessments and the removal of ligature points to ensure patient safety.
 - A lack of patient risk assessment and risk management.
 - Ineffective management of long waiting lists.
 - Staff did not carry out adequate patient observations.
 - Poor measurement of patient outcomes and progress.
 - Inadequate staff maintenance of, and access to, patient records.
 - Not all staff had undertaken mandatory training.
 - Lack of staff supervision and appraisals.
 - Inadequate reporting, management and learning from patient incidents.
 - Unsupportive work cultures.
 - Fragile relationships with stakeholders especially in relation to children and young people.
 - Lack of openness and transparency in information provided to the board and media.
- 2.8 However, the CQC also noted that:
- The Trust maintained its services throughout the pandemic and staff were supportive of each other.
 - An increase in patient participation.
 - Progress in clinical leadership and leadership development.
 - A supportive work culture was developing.
 - Improved relationships with trades unions and governors.

- The Trust had participated in the integrated care systems as an equal partner and led on mental health.
- Participation in a range of research and quality improvement initiatives involving staff, patients, carers and the community.

3.0 Previous reports to NHOSC

- 3.1 In February 2020, the Great Yarmouth and Waveney (GY&W) JHOSC received a report on 'Mental health service provision in Great Yarmouth and Waveney' which included an update on NSFT's progress in GY&W area.
- 3.2 NHOSC received a report from NSFT in response to the CQC inspection for its March 2020 meeting, but this meeting cancelled due to Covid. See link: [NHOSC 19 March 2020](#).
- 3.3 At the NHOSC meeting in July 2020 Norfolk and Waveney CCG and a representative from NSFT provided a brief update on the effects of Covid-19 on mental health services as part of the 'Covid-19 – overview of the effects on local NHS services' report. See link: [NHOSC 30 July 2020](#).
- 3.4 At the NHOSC meeting in September 2020, NSFT provided an update of their report submitted for the cancelled NHOSC meeting in March 2020. This included an additional report on NSFT's service in light of Covid-19 requirements. [NHOSC 3 September 2020](#).
- 3.5 A further update was provided for the NHOSC briefing in October 2020 in response to the additional information requested at the September meeting. This included information on:
- Staff training to avoid physical restraint or seclusion or patients
 - Mental health support in schools
 - Accessibility of mental health services
 - Waiting lists
 - The next CQC inspection

This briefing also included NHOSC's submission to the CQC in advance of the next NSFT inspection.

- 3.6 Additional information regarding suicide prevention as requested at the NHOSC meeting in November 2020 was provided by NSFT in the January/February 2021 briefing.
- 3.7 In the March 2021 NHOSC briefing, it was noted that on 15 February 2021, a letter to stakeholders was circulated to NHOSC members via email. In this letter, the Chair of NSFT confirmed that the Trust already had plans in place to address the challenges in the CQC report and the inspectors' feedback has helped it to further shape those actions. NSFT stated that it had already acted to increase staffing in the First Response service, recruiting staff to specifically support a reduction of self-harm, and

they planned to soon open an additional 20 beds for older adults in Norwich. NSFT expected a full inspection by the CQC, including the 'well-led' element, to happen later this year. They remained confident that they are on track to be in the top quarter of trusts for quality and safety by 2023.

- 3.8 An update on NSFT's CQC requirements was provided in the NHOSC briefing in August 2021, as well as additional information on discharge arrangements and the conveyance of patients to out-of-area placement (OAP).
- 3.9 Following a request at the NHOSC meeting in September 2021, NSFT provided an update on the future of the use of psychiatric intensive care beds at Hellesdon and Ipswich hospitals in the October 2021 briefing.
- 3.10 At NHOSC's November 2021 meeting, NSFT provided a report into the use of out of area / private care placements for patients. See link: [NHOSC 4 November 2021](#).
- 3.11 In the NHOSC December 2021 briefing, NSFT provided an update regarding the use of OAPs in response to NHOSC's request at the meeting in November 2021.
- 3.12 NSFT provided a report in the NHOSC briefing in February 2022 following members' particular concerns about pressures to the Trust due to Covid-19.
- 3.13 In April 2022, NSFT provided an update into its new ward project at Hellesdon Hospital – The Rivers Centre. It was hoped that construction on the centre would begin in 2023.

4.0 Wider developments around mental health services in Norfolk and Waveney

4.1 NHS Norfolk and Waveney Integrated Care Board (ICB)

- 4.1.1 At the launch meeting of NHS Norfolk and Waveney Integrated Care Board (ICB) on 1 July 2022, the Chair and Chief Executive's report stated that: 'Improving mental health services and supporting people's wellbeing is one of the highest priorities for the new Integrated Care Board'.
- 4.1.2 The report also accepted the 'disappointing' outcome of NSFT's recent CQC report and need for urgent improvement. However, the report stated that a system-wide approach was required in order to improve the mental health and wellbeing of people living in Norfolk and Waveney.
- 4.1.3 On a positive note, the report observed that NSFT's care has been rated as 'good' by the CQC. It also noted the Trust's success at improving children and

young people's services and learning disability services. The full report can be viewed via this link: [ICS briefing pack June 2022](#).

4.2 Healthwatch Norfolk Survey

- 4.2.1 In March 2021 Healthwatch Norfolk published the results of engagement activities it carried out in support of NSFT's 'Annual Engagement Exercise'. The report can be viewed via this link: [NSFT Annual Engagement Exercise 2021 - supported by Healthwatch Norfolk](#).

4.3 User perspectives for searching for mental health online report

- 4.3.1 In 2021, a report into 'User perspectives for searching for mental health online' was published by The User Story, NHS Norfolk and Waveney Clinical Commissioning Group on behalf of Norfolk and Waveney Sustainability and Transformation Partnership (STP) and Enabling Innovation: Research to Application (EIRA). The report can be viewed via this link: [NHS UEA Report](#).

4.4 Norfolk and Suffolk NHS Foundation Trust Governors' engagement events

- 4.4.1 NSFT Governors held four member engagement events during July and August 2022. These events were open to anyone living in an area where NSFT provides services.
- 4.4.2 As well as providing an update on Governor activities over the last year, these events provided the opportunity for attendees to discuss four priority areas and help shape activities for the forthcoming 12 months. The priorities are:
- Ensuring our services are safe.
 - Cutting waiting times and improving access to our services.
 - Transforming our culture and creating a fit for purpose organisation with effective governance and leadership.
 - Transforming mental health service provision across our counties with our system partners.

4.5 Campaign to Save Mental Health Services in Norfolk

- 4.5.1 The Campaign to Save Mental Health Services in Norfolk travelled to Westminster in July 2022 to demand an independent statutory public enquiry into the Trust and for it to be disbanded and replaced. Further information about the campaign can be found via this link: [Campaign to Save Mental Health Services in Norfolk](#).

5.0 Suggested approach

- 5.1 The committee may wish to discuss the following areas with the NSFT representatives:
- a) Background information on the CQC inspection and key themes.

- b) Progress against Section 29A areas within the CQC report and activity towards improvement.
- c) Progress against previous action plan and the timeline for a revised plan.
- d) The system-wide response and the role of partners in addressing shortfalls.
- e) What the audit process will look like moving forward and what checks and balances will be in place to ensure adequate progress is made, alongside effective scrutiny and challenge.

6.0 Action

- 6.1 The committee may wish to consider whether to make comments or recommendations as a result of today's discussion.



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Norfolk and Suffolk NHS Foundation Trust (NSFT)
31st August 2022

Working together for better mental health – improvement programme progress to date

NSFT is committed to working with partners across the Norfolk and Waveney Integrated Care System, with service users, carers and citizens to improve mental health and wellbeing. As a Trust we accept unequivocally the concerns raised by CQC and are absolutely determined to tackle those longstanding challenges faced in mental health care delivery in Norfolk and Waveney.

This paper is intended to set out the Trust's work with partners to address the above, in particular:

- The nature of the CQC concerns raised
- Our progress to date in addressing these concerns and in demonstrating improvement
- Our commitment to tackling issues differently, in a way that will ensure lasting positive change for our communities

We welcome this discussion with HOSC, and to future opportunities to share improvement work.

1. Background information on the Care Quality Commission (CQC) inspection and key themes






During November and December 2021 the CQC carried out a comprehensive inspection across core mental health services provided by NSFT to determine whether the Trust was providing care that was safe, caring, effective, responsive to people's needs and well-led.

Following the inspection, and prior to the publication of its inspection report the CQC served the Trust with a Section 29A (s29A) warning notice requiring significant improvement in the delivery of care in the following areas of service provision:

- Community-based mental health services for adults of working age
- Long stay mental health rehabilitation wards
- Acute wards for adults of working age and psychiatric intensive care units
- Mental health crisis services and health-based places of safety
- Child and adolescent mental health wards
- Wards for older people with mental health problems

The notice cited improvement requirements in these service areas relating to levels of staffing, mandatory training, supervisions and appraisals; management of safe environments, ligatures, risks, incidents and observations; care and treatment and outcomes; medicines management; culture and governance.

The full CQC report was published on 28 April 2022 ([CQC report - 28 April 2022 \[pdf\] 1MB](#)). Based on its findings the CQC gave the Trust an overall rating of 'inadequate'. The five CQC domains which characterise effective care provision were rated as follows:

Safe	Inadequate 
Effective	Inadequate 
Caring	Good 
Responsive	Requires improvement 
Well-led	Inadequate 

As part of the report 108 actions were identified that the Trust must take to make improvements necessary to comply with its legal obligations.

Alongside these significant areas for improvement however CQC inspectors also cited evidence of “green shoots” emerging and progress and positive changes in many areas. It noted the Trust’s leadership team had a “comprehensive knowledge of current priorities and challenges” and had made “positive changes in leadership and culture”. It found that staff were more engaged and were driven by a vision of what the Trust wanted to achieve for its patients and that this had improved patient care on wards for people with learning disability and autism.

2. Our Improvement Programme

As a Trust with a newly established leadership team we have taken immediate action to respond to CQC concerns identified and develop a wholesale, Trust-wide Improvement Programme with partners. In so doing we have challenged ourselves to address our issues differently in a way we believe is unprecedented for the Trust; in addressing the root causes of our challenges, in our desire to do so openly working jointly with partners, in our forensic approach to gathering evidence of improvement and in our commitment to lasting change.

Our Improvement Programme will ensure the delivery of our Trust’s improvement priorities:

- Ensuring our services are safe;
- Cutting waiting times and improving access to our services;
- Transforming our culture, better staff engagement and creating a fit for purpose organisation with effective governance and leadership;
- Transforming mental health service provision across our counties with our system partners.

Our programme work is underpinned by 5 working groups or ‘pillars’ of improvement, comprising system partner representation, that support delivery of improvement. To prioritise our focus, addressing first those aspects of safe care and well-led practice we have three distinct phases of work:

- **Phase one** (until the end of August 2022) - focused on compliance with the immediate areas to improve, known as must dos, and the 14 areas identified in the section 29A warning notice.
- **Phase two** (September 2022 – September 2023) – focus on sustaining improvements, and delivery of longer-term priorities to address some of the underlying challenges faced by the Trust. These priorities cover safety, culture and engagement, governance and leadership, demand and capacity and transforming services with system partners.
- **Phase three** (September 2023 onwards) - focus on ensuring we embed, sustain and evidence lasting improvement, and deliver innovation in mental health care provision with partners

3. Progress against our Improvement Programme

At the beginning of August 80% of the Trust's must dos had been completed and we continue our work to further implement, embed and sustain delivery during September. Those areas which presented the highest safety and quality risks have been prioritised by the Trust.

The following are examples of how the Trust has worked to address the s29A warning notice, must dos and/or support broader improvement across services:

Overall services

- Increased recruitment, with **750 new starters since January 2022**. We have a total of 4,517 whole time equivalents in the Trust.
- To support retention, a **new intensive staff induction** training process began in July 2022. It has expanded the induction and includes clinical induction and mandatory training. During these two weeks, staff have the time to complete over 80% of mandatory training modules before starting a shift. Positive feedback has been received on this from participants and teams, with staff more confident in their role, and the policies, processes and support on offer at NSFT.
- **Supervision rates have exceeded 90%** on a Trust-wide basis (from 62% when the CQC visited in November 2021).
- **Appraisal rates have exceeded 90%** on a Trust-wide basis (from 79% when the CQC visited in November 2021)
- **Mandatory training rates are at 89%** at the time of writing (from 83% in November 2021).
- **Significant reduction in open incidents** requiring investigation from 1,300 when the CQC visited to 93 in July 2022, with improved learning and process to learn from incidents. Open incidents on average are under 100 over any ten days, which is a normal rate.
- A digital tool called Safe Care is now used in the Trust to support clinical decision-making to ensure that staffing levels across the Trust are responsive to patient need. This is supported by daily clinical oversight at both local and Trust levels.
- Additional coaching and development support provided to services and teams with quality challenges.
- External support commissioned to ensure the Trust has sufficient capacity and capability to address key pieces of improvement work, for example in addressing cultural issues, in improving data quality and in strengthening governance at all levels of the organisation.

Service specific progress

- **Safest minimum defined staffing levels continue to be met for all shifts** on the Trust's wards, with daily monitoring through local and Trust-wide safety huddles. The following services were identified by CQC as not having sufficient staffing levels at the time of inspection; adult community and crisis, consultant psychiatrists in adult community and adult inpatients.
- All adult inpatients receive a welcome pack and full induction to the ward. Positive patient feedback received.
- Bespoke training developed and being delivered for therapeutic interventions for staff working on adult wards.
- Ward Managers and Matrons away days held to ensure that these staff groups benefit from enhanced training and support.

- **Opening of 6 beds on Dragonfly** – our children's ward. Mandatory training levels for staff in this service at 95% (against a target of 90%). Role specific training has also been completed.

More detail on improvement progress and future plans will be presented at NSFT's Board meeting on 22nd September 2022.

4. The importance of system wide working

Our Improvement Programme has been actively developed together with system wide partners, particularly colleagues from Norfolk and Waveney ICB. ICB personnel have been involved too as active participants in reviewing improvement; in quality checks, audits and visits, and will play a key role in assessing and evidencing improvement. This will be a continued partnership in the future as CQC move to a system ICB framework of regulatory assurance, wherein assessment of Mental Health will consider system partner roles and action alongside that of the Trust, and the effectiveness of the wider system working together for quality improvement.

We know that the challenges we face in mental health care delivery will best be addressed by an integrated response from across health, social care and wider communities. The impact of COVID coupled with the cost of living crisis will mean that demand for mental health services will continue to increase; we must work differently as a system to better support people with mental health needs, improve access to services and ensure patients are supported in the most appropriate settings. We are working concertedly with system partners to address these issues and there are a number of initiatives already underway which are having positive impact on mental health care provision and support. Some examples of this include:

- New roles working in primary care – over 40 mental health practitioners and new mental health pharmacists to increase support to patients in community settings
- Newly established Mental Health Rehab team (partnership between NSFT, Norfolk County Council and voluntary sector partners) – operating from July 2022
- 5 Mental Health Hubs across a range of locations providing a range of support including group, 1:1, crisis café and sanctuary activities (N&W MIND and ACT)

The Norfolk and Waveney Partnership Programme Board which meets monthly will remain an important forum where ICS partners will come together to oversee the delivery of transformation and improvements in the commissioning and delivery of mental health services.

5. Scrutiny in place to check and challenge our progress

We have put in place clear governance arrangements to check and challenge our progress. This includes:

- A newly established Improvement Board tasked with overseeing and scrutinising delivery and progress against our Improvement Programme. This meets fortnightly and comprises Integrated Care System (ICS) and NHS England partners.
- A newly established multi-stakeholder Evidence Assurance Group, which will include partners and service user representatives (NSFT executive and non-executives, Integrated Care Board (ICB), NHS England and Healthwatch) to review, test and challenge evidence of progress. This evidence will be publicly available. The first full meeting will be convened in September 2022. This approach is modelled on 'best practice' learning from the experience at Queen Elizabeth Hospital King's Lynn

(QEHKL) on their improvement journey, and will be chaired by Dr Frankie Swords, Medical Director for Norfolk and Waveney ICB and former Medical Director of QEHKL.

- Heightened Executive, Non-Executive and partner visits to teams both announced and unannounced, including visits from Norfolk and Waveney and Suffolk and North East Essex ICB Medical Director and Nurse Directors.
- A range of quality checks are in place and include the following.
 - A series of Quality and Safety Reviews (QSRs), which have involved service users, ICB and NHSE colleagues. To date we have carried out more than 100 of these which have highlighted areas for improvement. These are multidisciplinary and support peer review and challenge.
 - Monthly and weekly audits, including specific processes such as seclusion, rapid tranquilization, therapeutic observation and medicines management.
 - A weekly huddle with subject matter leads looking together at areas such as recent risks, incidents and complaints.
- Engagement of our staff is critical to supporting our understanding of our improvement journey. We are working with 'Clever Together' to engage with our staff. Clever Together is an engagement and insight agency that has helped NHS England and over 50 NHS Trusts to improve culture by putting people's voice at the forefront of change and ensuring leaders listen and act on what they hear. They will conduct a 'Big Conversation' to inform our culture improvement programme to tackle and address improvement issues. This work will use creative means such as digital tools to engage staff differently, flexibly and anonymously to encourage full participation.
- We have engaged the support of Roger Kline who is a nationally recognised expert in Equality, Diversity and Inclusion.
- A refreshed approach to Freedom to Speak Up (FTSU) will soon be launched. This is in the format of an external and independent service that is available 24/7 to support and encourage safe and confidential reporting of safety concerns.

In support of our renewed focus on Improvement we have also developed a set of improvement oversight principles which include:

- Clear reporting of improvement activity from ward to Board, through to the ICS and regulators.
- Meaningful and valid measures developed with stakeholders that triangulate reported data with what can be seen and heard. Improving data quality and insight, as well as integrated performance oversight is a key part of the improvement work.
- Risk assessment, risk management and escalation as a key aspect to our embedded governance, informing our priorities, oversight of risk and capacity to deliver.
- Consolidating our 'three lines of defence' approach to gain assurance on delivery; programme management approach, internal audit, peer review and accreditation.
- Building a culture where staff and service users can speak freely and honestly about concerns and we can take action to address these, together, supported by our work on developing a 'just culture' and psychological safety.
- Building on successful tangible improvement, reflecting on effective practice within the Trust that has led to evidenced improvement noted by CQC and QSRs in key service areas.
- Learning from and replicating examples of good practice from other Trusts both nationally and locally who have demonstrated significant improvements in their CQC ratings. For example, the work of The Queen Elizabeth Hospital King's Lynn NHS Foundation Trust in rapidly improving has been marked.

We can now demonstrate how we are applying principles for continuous improvement (appendix 2) identified by NHS England to build and sustain our Trust improvement approach. We are actively building on this work to ensure this reflects a wholesale, organisational wide approach with partners to design, deliver and embed sustainable improvement.

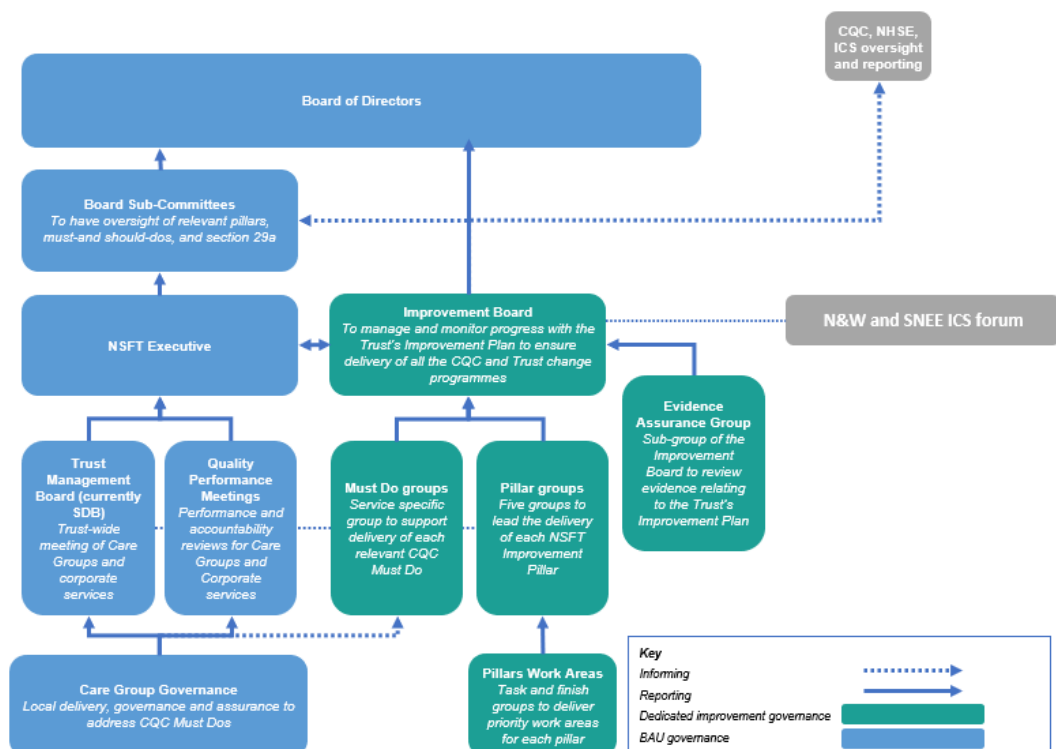
6. In conclusion

We recognise that we have a long road of improvement ahead of us. We are confident that with the full support of our local systems and rigorous ongoing challenge we can deliver meaningful change and go from strength to strength, however, some of this work will take time. We anticipate CQC to return in September 2022 to consider progress made against the s29A.

We look forward to keeping Norfolk HOSC updated on progress and sharing more detailed plans after they have first been shared with our Board on 22 September 2022.

Appendix 1.

How are we ensuring effective oversight?



Appendix 2.

How are we embedding sustainable improvement?



Norfolk and Suffolk
NHS Foundation Trust

- We can demonstrate how we are applying principles for continuous improvement identified by NHSE to build and sustain our Trust improvement approach.
- We are actively building on the below to ensure this reflects a wholesale, organisational wide approach with partners to design, deliver and embed sustainable improvement



Taken from NHSEI, 'Embedding continuous improvement', 2021

Engage the executives	Build the capability	Create the infrastructure	Apply the method	Sustainability
<ul style="list-style-type: none"> • Executive Team identification and development of root cause issues (Complete) • Executive lead for Improvement Plan and Executive SROs engaged and leading each of the 5 pillars (Complete) • Executive leaders from ICS engaged in Improvement pillars and/or Improvement Board (Complete) 	<ul style="list-style-type: none"> • NHSEI Improvement Directors deployed (Complete) • Strategic programme capacity deployed (Ongoing) • Exploration of approach to embed QI (Ongoing) • Identified areas and requests made for additional resource (Complete) 	<ul style="list-style-type: none"> • Multistakeholder Improvement Board established (Complete) • Improvement governance integrated into Trust governance (Complete) • Evidence assurance approach developed (Complete) 	<ul style="list-style-type: none"> • Adoption of QI approach, IHI Improvement Methodology and engagement principles (Ongoing) • Robust governance framework (Complete) • Evidence Assurance process to triangulate evidence assurance (Ongoing) • Incorporate NHS Sustainability Model guidance into approach (Ongoing) 	<ul style="list-style-type: none"> • A long term Improvement plan with short, medium and long term phases for sustainable, embedded change (Ongoing) • Improvement Plan built into annual planning process (Ongoing) • NHS Sustainability Model approach and guidance applied to Annual Planning approach (Ongoing)